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## BIB DATA SHEET

CONFIRMATION NO. 8323

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/784,607	02/23/2004 RULE	602	3771	1810K (US) / TYCV 1810	
<b>APPLICANTS</b> Elise Tordella, Norfolk, MA; Christopher Tesluk, Providence, RI; Malcolm Bock, Medfield, MA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/18/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DANTON D DEMILLE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance  Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> TYCO HEALTHCARE - EDWARD S. JARMOLOWICZ 15 HAMPSHIRE STREET MANSFIELD, MA 02048 UNITED STATES					
<b>TITLE</b> Compression sleeve convertible in length					
<b>FILING FEE RECEIVED</b> 1722	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	